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Alison Lundergan Grimes Kentucky Secretary of State

Received and Filed: 11/17/2015 2:28 PM Fee Receipt: \$115.00

Organization ID # 0579319 Commonwealth of Kentucky
State of origin KY
Filing fee \$115.00 Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

## Reinstatement Application and Reinstatement Annual Report For the year 2015

RST

Exact limited liability company name and principal office address

LMM GATEHOUSE PLACE, LLC PO BOX 911226 LEXINGTON KY 40591 The principal office address and registered agent name/office address cannot be changed on this form. When reinstating, you cannot modify the addresses until the reinstatement is filed. Once the reinstatement is filed, the statement of change can be filed online at <a href="mailto:app.sos.ky.gov/ftsearch">app.sos.ky.gov/ftsearch</a> or can be

## Registered Agent and Registered Office Address

LAWRENCE M. MORTON 1348 KEENE S. ELKHORN RD. NICHOLASVILLE, KY 40356

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Members - List the name and address of the ilmited liability company's members, if not specified, addresses default to the LLC's principal office address. Member-managed LLCs are not required to list their members.

LAWRENCE M. MORTON 1348 Keene S. Elkhorn Road, Nicholasville, KY 40356.

LAWRENCE W. MORTON 4872 Waterside Drive, Lexington, KY 40513

The above entity was administratively dissolved on September 12, 2015 because the entity did not file its annual report for the year 2015. The undersigned states that the grounds for dissolution either did not exist or have been eliminated, and the entity's name satisfies the requirements of KRS 275.295. Enclosed is a check in the amount of \$115.00, payable to Kentucky State Treasurer.

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to LMM GATEHOUSE PLACE, LLC to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

If not an officer of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application.

Signature of member or manager (Required)

MEMBER
Title (Required)



THOMAS B. MILLER
Commissioner

## FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

**ELYSE WEIGEL**Deputy Commissioner

**BOB BROOKS**Executive Director

November 13, 2015

LMM GATEHOUSE PLACE, LLC PO BOX 911226 LEXINGTON KY 40591

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **LMM GATEHOUSE PLACE**, **LLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2014, and has paid the taxes shown to be due or assessed as of the date of this letter. The Department of Revenue requests the company's charter be reinstated provided all other requirements of the Secretary of State have been met by the limited liability company. This letter is valid for 30 days from the date of this letter.

Sincerely,

Jerry REV3782, Revenue Auditor I Pass Through Entity Branch 501 High Street, Mail Station 69 Frankfort, KY 40601

Phone: (502) 564-7370 Fax: (502) 564-3392

Kentucky Secretary of State organization number 0579319

